

10/5/9447

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	1		1			
5	1		1			
6	1					
7	1					
8	1		1			
9	1		1			
10	1		1			
11			1			
12			1			
13			1			
14			1			
15			1			
16	1					
17	1					
18	2		1			
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	17	←		
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓		
TOTAL CLAIMS			19			